



Poverty, Pregnancy, and Culturally Diverse Women

“When I first came to this country, I was pregnant and alone. I was lucky enough to find a social worker who took the time to understand my needs. She was a really strong advocate for me when I was dealing with a health care and social system I didn’t yet understand.”

Culturally diverse women who are pregnant and live in poverty encounter many additional barriers. Even when women are aware of prenatal services, other barriers exist, such as:

- lack of trust of service providers
- severe isolation
- lack of understanding of the health care system
- language or cultural differences

This can result in unsatisfactory and discriminatory treatment by health and social service providers, uninformed consent, and misunderstood instruction and health information.

Issues to Consider

- **Does she have access to primary health care services?** These may include engaging a physician who can communicate with her, obtaining a health card, or having an understanding of the health care system.
- **What are her culture and language needs?** She might be isolated and lonely as the result of recent immigration or have difficulty accessing food that is familiar.
- **What are her pregnancy needs?** She might have experiences or concerns which contribute to physical health problems.
- **What are her beliefs about teen motherhood?** Some communities see teen motherhood as a normal and healthy occurrence.
- **What are her cultural approaches to parenting?** There are many different cultural beliefs about what to do during pregnancy and how to raise children.
- **What kinds of discrimination does she encounter?** Many communities wrestle with the debilitating effects of discrimination.
- **What is her immigration experience?** Consider the circumstances that brought her here, such as the trauma that can result from persecution or war in her country of origin, which can have profound effects on health status and birth weight.

Small Steps to Success

- **Connect** her to culturally appropriate services such as immigrant services, grocery stores, and translation services.
- **Secure** prenatal supports sensitive to her cultural and language needs.
- **Investigate** local medical clinics or other medical services that may be able to provide services to her, at least during her pregnancy.
- **Make** referrals to any available employment services for her family.
- **Ask** her if she is interested in language classes.

“My worker told me to go to the Food Bank. So I went, but I didn’t know what to do with any of the food they gave me! I was afraid to eat some of it because I was pregnant and I thought it might hurt my baby.”

Tips

- **Ensure that your program resources are multicultural**, including food models, infant and breastfeeding models, and pictures on the walls.
- **Compile an inventory of culturally specific information** about pregnancy and parenting, food, holidays, spiritual practices, and so on. Each member of your staff can collect and record information about one country or culture. This becomes part of your inventory which is then shared with all the staff in your organization.
- **Learn about customary tastes.** There may be differences in culture, family history, or personal tradition in food selection leading to reluctance to try unfamiliar foods.
- **Find out about cultural values and expectations.** A woman may not feel comfortable looking you in the eye, may prefer to sit beside, rather than across from you, or may feel very uncomfortable if you touch her.

“I really needed a lot of support. But I was afraid to tell anyone. I thought they’d take my baby away from me or throw me out of the country.”



Helpful Ways to Work with Pregnant Women

“Don’t lecture me about do’s and don’ts. I already know them. If I could do them, I would. If I’m not, there’s a reason. Usually I try, but when there’s no money, there’s no money.”

A number of issues hinder helpful service provision. The top three identified by women are:

- attitudes of service providers
- inadequate information about and referral to community resources
- providing advice without the appropriate means of implementation

If women perceive that service providers don’t have a good understanding of the context of their lives, then they are less likely to act on suggestions or advice and more likely to perceive the interaction as negative.

Helpful Ways to Offer Prenatal Care

- **Provide a comfortable, knowledgeable environment** with program staff who are non-judgmental, supportive, and caring, maintain confidentiality, create an atmosphere of fun and mutual support, and make informed referrals to other support services.
- **Offer incentives** such as transportation, free milk, prenatal vitamins, prepared food, and grocery gift certificates.
- **Ensure access or informed referral to support services** such as food cupboards, clothing exchanges, toy lending libraries, prenatal/parenting information lending libraries, one-on-one counselling, other group supports, and computer access.
- **Address a wide range of issues** that might affect a pregnant woman’s life such as substance use, domestic violence, food security, and financial concerns.

“If you finally get up the nerve to ask for help, and then the person doesn’t understand your situation, it doesn’t feel like they really want to help. It makes you not want to get involved in the first place.”

Helpful Ways to Address Food Security Issues

- **Avoid some terminology** such as overuse of the concept of “good nutrition” which, for low-income women, is secondary to food security.
- **Provide capacity along with advice** to ensure that low-income pregnant women have access to healthy, nutritious food by providing grocery gift certificates, securing donations from grocery stores, or making perishable food available to program participants.
- **Don't assume** that pregnant low-income women need to be “taught” how to budget, menu plan, and follow Canada’s Food Guide.

“I don’t need to know five different ways to cook chicken. I need the money to buy the chicken.”

Helpful Ways to Address Social Conditions and Addictions

- **Avoid simplistic advice** such as “you should quit smoking” or “you should eat more nutritious food”.
- **Avoid inappropriate reactions** especially an expression of disapproval either in words or in body language.
- **Deal with multiple issues** instead of focussing on one issue only, such as quitting smoking, without recognising how it is connected to all other issues in a woman’s life.
- **Make informed referrals** and be knowledgeable about community services, letting women know about them in a timely and confidential manner.

“Some service providers seem to offer lots of simple advice but it’s hard to implement. I had no time or money to take care of myself. I had to take care of my kids - there was no one else around to help out because my husband was useless. Plus I had to keep my house clean when I was pregnant. If my husband came home and it was messy, it would mean trouble.”



Food Access Issues

“There’s never enough money. We’re under incredible financial stress. They have to understand that we can’t do everything they tell us to do. It’s just not possible.”

Many low-income pregnant women consider lack of food security to be the number one barrier that interferes with a healthy pregnancy. It’s important to provide nutrition information; however, information only is not sufficient. These women need access to high quality food. Without food security, they cannot realistically be expected to act on the nutrition information delivered to them.

Issues to Consider

- Unlike rent, utilities, and other fixed monthly expenses , food purchase is often relegated to a place of less importance.
- The food budget is often the first to go, in an emergency.
- Low-income mothers will often feed their children first and only eat after the children are fed, if there is food remaining.
- Some mothers will not disclose to service providers that their families are in need of food for fear of reprisal or reports to child protection services.
- Food banks cannot meet all the food needs in any community. These services were long ago stretched beyond their capacity and can now only meet the needs of participants in limited, usually emergency, situations.
- Most food banks are not equipped to meet the most pressing food needs of low-income pregnant women; that is, their need for milk, fresh fruit and vegetables, and other perishables such as meat.
- Nutrition information is not enough. While good nutrition is known to be an important determinant of healthy birth outcomes, access to high quality food is more important and often unavailable.
- There is a stigma associated with using food banks and other food programs. Some women will not access the services through shame or fear of reprisal.

“There’s the embarrassment, you don’t want those people to know that you can’t take care of yourself when you’re pregnant.”

Tips

- **Start** a bulk-buying club and a lending “library” of cooking equipment, cookbooks, and uncommon spices or condiments.
- **Use** gift certificates from grocery stores instead of food vouchers. Some people are badly treated when they present vouchers.
- **Share** information through displays, handouts, or bulletin boards rather than by direct “teaching” methods - information is more widely accessible this way and people don’t have to ask for what they need.
- **Stimulate** informal learning as opposed to leading formal presentations.
- **Invite** participants to choose a favourite recipe from a range of cookbooks each month. Pick the most popular and affordable recipe to make as a group. Give women the ingredients so they can make the recipe at home. Where possible, give them any utensils (such as pie plates) they need, too.
- **Spend** your program funding where it’s needed - on food, meals, and grocery gift certificates. Remember, if you are low-income, you can’t afford to eat well.
- **Emphasise** personal tastes in food. Work with those tastes. Don’t impose your tastes on the women.
- **Take** a “help yourself” approach to the food you make available to women. The word “free” is overused and inaccurate.

“It would be better if they told you where to get the food, not just that you needed to eat more.”

Ideas for community action and advocacy

- **Start or join a local food security council.** Make sure the needs of low-income pregnant women are addressed by this group.
- **Spearhead innovative community projects.** Start a community garden for low-income women. Try food mentoring - connect women to share their food skills with others. Think of any other imaginative ideas that will put more food on the table of low-income pregnant women.
- **Publicise food security issues in your community.** Start a myth busting campaign. Work with the local food bank to relay accurate information about its capabilities and limitations to your community.
- **Find out about food security programs** and advocate for special considerations to meet the needs of low-income pregnant women.

“A group of single moms in our housing complex got together and started a community garden. In the second year, we grew so much stuff we were able to sell some to our neighbours which helped buy the seeds for next year.”

The Impact of Violence on Pregnant Women

“My social worker said I should go to the Food Bank when I was pregnant. There just wasn’t enough food in the house and my doctor said I was anaemic. My husband was out of work. But he wouldn’t let me go to the Food Bank. He said no wife of his was going to go around begging for food. He said I was too fat anyway. So I had to sneak out. He started hitting me after he found out. Then it just kept getting worse.”

Women who live in violent or abusive situations are more likely to experience many of the factors that lead to negative birth outcomes. Some of the facts about violence during pregnancy are:

- the frequency and severity of domestic violence increases during pregnancy
- during pregnancy, women may be more vulnerable to domestic violence given that abuse is often initiated during pregnancy
- pregnant women who live with the threat of violence are less likely to eat well and more likely to be depressed and to use alcohol and other drugs
- there is also a connection between violence and rapid repeat pregnancy

The issue is complex: pregnant women who leave abusive relationships may enter a situation of increased poverty, increased risk to personal safety, and increased barriers to prenatal care.

Issues to Consider

- **Pregnancy can be a window of opportunity for women who experience violence.** During pregnancy women often have increased contact with health care providers and may be more willing to disclose their situation and reach out for help.
- **It is a very dangerous time for the women if she leaves an abusive situation.** A woman is most at risk of being killed or seriously injured just before and just after she leaves an abusive partner. Care should be taken not to increase the risk for the woman. Follow-up safety planning and support are critical.

“I knew I had to leave my partner to protect myself and my baby. But I was terrified of him. He made a lot of threats. I almost had to go underground.”

Tips

- **Develop** a comprehensive list of resources for referrals. Include www.shelternet.ca. Post the list where women can see it. Make photocopies and leave them in common areas for women to pick up.
- **Use** available local resources. Ask others to do in-service training on domestic violence.
- **Ask** about difficult life issues privately and sensitively. Be willing to bring up and discuss uncomfortable topics in a non-judgmental manner. Ask the difficult questions routinely and repeatedly. This time, a woman might trust you enough to disclose.
- **Let** the woman tell her story in her own time. Avoid offering too many solutions too quickly.
- **Offer** advice only when asked. Make sure she has factual information so she can make informed decisions.
- **Help** her plan for her safety. Provide information on resources in the community that offer safe intervention and support.
- **Integrate** discussions of domestic violence into all programming.

“The first few times I talked to my social worker, I pretended everything was fine. I wasn’t sure I could trust her. And I was embarrassed and ashamed. But she was so interested in me and my well-being, the next time she mentioned domestic assault, it all just spilled out of me.”

Ideas for community action and advocacy

- **Get involved.** Join a community group or coalition that addresses issues of violence in the lives of pregnant women. Make sure this issue is on the agenda of any group to which you belong.
- **Tap into existing special events or awareness weeks** such as Violence Prevention Month. Highlight the issue’s relationship to pregnant women.
- **Foster professional education.** Invite people who work with abused women to provide training in your work setting. Attend educational programs or workshops available in the community. Develop educational resources, policies, programs, and training around the issue.

“It was really helpful talking to the worker at the shelter. I would never have found out about her except the prenatal instructor invited her into our moms group one morning. Then, when I needed to, it wasn’t so scary to call the shelter. I knew what to expect.”



Stats and Facts About Poverty and Health During Pregnancy

“Poverty is described as being associated with feelings of helplessness, lack of control, and uncertainty which research shows are strong predictors of health and well-being. As one researcher said, Inequality may make people miserable long before it kills them because poverty affects both physical and psychological health.”

Points to ponder

- the number of pregnant women living in poverty in Canada is unknown
 - women in the lowest socio-economic group are four times more likely to have pregnancy related complications that require hospitalization
 - low-income pregnant women may not be a “special needs” group; instead, some research shows they are, in fact, the mainstream maternity population
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Fact It is difficult to estimate exactly how many pregnant women are living in poverty in Ontario because:

- Statistics Canada and others do not collect specific information about the income of pregnant women.
- there is controversy about the best method to measure poverty.
- regardless of exact numbers, a significant percentage of Ontarians live in poverty, and a significant percentage of poor Ontarians are pregnant women.

Fact Women in prime childbearing years are at great risk of living in poverty; one implication of this is:

- pregnant women who live in poverty may not be a sub-population of pregnant women, but rather, as one researcher said, the “mainstream” pregnancy population.

Fact The poor and less educated are less healthy than those with higher education and income; implications of this for pregnant women living in poverty include:

- number of hospital days for the treatment of pregnancy-related complications is almost four times greater for women in the lowest income group as compared with women in the highest income group.

Poverty rates in Canada

Points to ponder

- over the past ten years, fewer Canadians live in poverty but the depth of poverty is greater than it was
 - women are more likely than men to live in poverty
 - single mothers with young children have the highest poverty rates
 - young single mothers have the greatest depth of poverty
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Stat 16.4% of Canadians live in poverty; however, a closer look at the numbers reveals a harsher reality:

- most people living in poverty live thousands of dollars below the poverty line.
- the number of people at less than 50% of the poverty line has grown dramatically in recent years.

Stat Young women between 18 and 24 years of age have a poverty rate of 24.9% and women between 25 and 34 years of age have a poverty rate of 18.5%; the implications of this include:

- across age groups, women are at greater risk of living in poverty.
- women in prime child bearing years are at great risk of living in poverty.

Stat The poverty rate for families led by single parent mothers under 25 years old is 85.4%; some related stats and facts include:

- family type is the most important indicator of the risk of poverty.
- 54.2% of families headed by single parent mothers live in poverty.
- single mothers with children under 18 have the highest poverty rate.

“Living in poverty is a full time job. I spend a phenomenal amount of time and energy ensuring that our basic needs - food, shelter, clothing - are met. For my son, poverty means limited choices, such as not being able to go on school trips, play hockey, or even buy a candy bar at the check out counter in the grocery store. For me, poverty means tough choices, such as whether to buy toothpaste or toilet paper, whether to buy enough food for two dinners or just enough for tonight and buy laundry detergent so we can have clean clothes tomorrow.”

Reference: National Council on Welfare, 2002



Poverty, Pregnant Women, and the Determinants of Health

“Poor conditions lead to poorer health. An unhealthy material environment and unhealthy behaviour have direct harmful effects, but the worries and insecurities of daily life and the lack of supportive environments also have an influence.”

What are the determinants of health?

Health is determined by more than “lifestyle choices”, such as exercise and nutrition. The determinants of health are the range of individual and collective factors and their interactions that affect people’s health, including:

- income and social status
- gender and culture
- social support networks
- education, employment and working conditions
- social and physical environments
- personal health practices and coping skills
- healthy child development
- available health services
- biology and genetics

Points to ponder

- in spite of improvements over the past 20 years, low socio-economic status still negatively affects prenatal, newborn, and maternal health (despite universal health care)
 - there are many factors that contribute to poor birth outcomes (such as culture, food security, stress, violence, lack of support, alcohol and other drug use) that, when combined with low socio-economic status, increase the risks for the infant and mother
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“I’m pregnant and I live in poverty and this is how it affects my health and the health of my family: our quality of life is diminished when we can’t afford social and recreational activities where transportation costs are barriers. Sacrificing my own food needs for my children reduces my ability to cope with the stresses associated with pregnancy and raising my other children. Disregarding my own emotional needs does not send a positive message to my children and I often feel alone.”

Fact Despite universal health care, socioeconomic status remains a determinant of prenatal health; for example:

- infant mortality rates for those in the lowest income groups was still 1.6 times greater than the highest income groups in the year 2000.
- risks increase with other demographic factors, such as culture and rurality; for example, rates of infant mortality among First Nations, Metis, and Inuit populations is about double Canadian averages and rates among the Inuit in the Northwest Territories are about 2.5 times higher than national rates.

Fact Many circumstances lead to poor birth outcomes and all of these circumstances are connected to poverty; for example, risk factors include:

- late or no entry into prenatal care
- little social and paternal support
- age (adolescents are at greater risk)
- high stress levels
- increased chance of domestic violence and abuse
- higher rates of depression
- higher rates of tobacco, alcohol, and other drug use
- lack of food security and poor nutrition

Fact Some pregnant women living in poverty are more at risk than others; for example:

- pregnant low-income teens deal with the same issues as adult pregnant women who live in poverty but, their experience is intensified by moralistic, blaming attitudes and even fewer supports.
- First Nations, Metis, and Inuit populations whose infant mortality rates are higher than Canadian averages.
- single mothers are at greater risk of living in poverty and have the greatest depth of poverty of all family types.
- minority and immigrant women are less likely to access services; when they do, they can encounter differential and unsatisfactory care.

Fact When exploring solutions, strategies must address the larger context of the community, such as:

- advocacy and community action
- access to safe and affordable housing
- food security initiatives
- social inclusion activities



Local Needs and Issues

It can be difficult to find local numbers and statistics regarding poverty and pregnancy. It will depend on your community; however, here is a list of places that might be able to provide some information:

- Community Action Programs for Children (CAP-C)
- Canadian Prenatal Nutrition Programs (CPNP)
- Better Beginnings/Brighter Futures programs
- municipal social services department
- social planning council
- district health council
- epidemiology department of the public health unit
- hospitals
- researchers at a nearby university or college
- community health centres
- urban planning departments
- community information centres
- Ontario Early Years Centres

You won't be able to find everything you need from one source. However, you can use bits and pieces from a variety of sources to construct the information you need. Once you have developed the local framework of information, turn to other sources to supplement it. You could:

- **Look** at a quality of life index produced by your local Social Planning Council.
- **Extrapolate** information from similar communities elsewhere within the province.
- **Visit** various web sites (Statistics Canada, National Council of Welfare, Health Canada, Best Start, Women's Health Matters).
- **Announce** your request over a health or pregnancy related listserv.
- **Survey** "key informants" or professionals who have an expertise in the area.

The most important step in the process is to talk with pregnant women who live in poverty. It's often useful to do this in a group setting. Here are some tips:

- **Choose a good time of day** for women with children, this will usually be between 10 and 11:30 AM or 1 and 2:30 PM.
- **Find a comfortable place to meet**, somewhere non-threatening, perhaps a place the women normally frequent.
- **Encourage and reassure the women** that they are the experts in this situation.
- **Pay the women** for their time to participate.
- **Cover childcare and transportation costs.**
- **Offer food and other incentives** to participation.
- **Really listen** to what the women have to say.



Making a Difference

Service providers can feel overwhelmed when confronted by the many issues related to pregnancy and low socio-economic status. Many pregnant women who live in poverty have a complex variety of interconnected concerns. Part of the service provider's role is to try to minimize the impact of poverty, where possible.

"When service providers advocate on behalf of low-income pregnant women, we feel validated - we are publicly acknowledged as important and worthy of community attention and support."

Advocacy is part of the broader picture. This word might have negative connotations for some people. Others might believe it is beyond the scope of their work or their capabilities. However, most service providers engage in some kind of advocacy every day, whether they know it or not.

Questions to consider

- Am I doing all I reasonably can to advocate on behalf of pregnant women living in poverty within the scope of my current work?
- In the best of all possible worlds, what can we do to improve the living conditions of pregnant women living in poverty?
Which of these things are manageable for our organisation/community coalition?
- Am I getting too overwhelmed by the issue and failing to take action because I don't know where to start? What small steps can I take to make change?

Small steps towards making change

You can make a difference by being an advocate. Advocacy doesn't need to be overwhelming. Small steps can make a big difference, such as:

- You make a phone call to the food bank on behalf of a pregnant woman.
- You find an interpreter to accompany an immigrant pregnant woman to the Ontario Works office.
- You share the concerns of low-income pregnant women with others to inform them of women's needs.
- You keep up-to-date with new programs and services that reduce the impact of poverty on people in your community.
- You dispel myths about pregnant women living in poverty.
- You stand up for a low-income pregnant woman when you hear others make stereotypical comments.
- You are supportive. You tell a pregnant woman what a great job she is doing.

“Supportive and enlightened people were helpful because they treated me with respect. It made a huge difference that she was willing to help and wanted to help. I needed to be around people who believed in me and thought I could be a good mother.”